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| B1 (Official Form 1)((  | 04/13)   |   |                                   |   | <del>oamon</del>  |  | .go ± 0.  |  |   |   |               |                                   |
|---|--|---|-----------------------------------|---|---|--|---|--|---|---|---------------|-----------------------------------|
|   |  | United<br>No                                |                                   | Bank<br>District  |   |  |   |  |   | Vol   | luntary       | Petition                          |
| Name of Debtor (if in <b>Johnson, Jenni</b>   |  | ter Last, First,                            | Middle):                          |   |   | Name   | of Joint De   | ebtor (Spouse  | e) (Last, First   | , Middle):  |               |                                   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  FKA Jennifer J. Whitehead   |  |   |                                   |   |   | used by the J<br>maiden, and                           |   |  | 8 years   |   |               |                                   |
| Last four digits of Soc (if more than one, state all)  xxx-xx-0392  |  |   |                                   |   | plete EIN   | (if more   | than one, state   | all)   |   |   |               | o./Complete EIN                   |
| Street Address of Deb<br>3017 Lapey Stree<br>Rockford, IL   | •  | Street, City, a                             | and State)                        | :   | ZIP Code  |  | Address of  | f Joint Debtor   | (No. and St   | reet, City, a   | ind State):   | ZIP Code                          |
| County of Residence of Winnebago  | or of the Prin   | icipal Place o                              | f Busines:                        |   | 61109   | Count  | y of Reside   | ence or of the   | Principal Pl  | ace of Busi   | ness:         |                                   |
| Mailing Address of Do   | ebtor (if diffe  | erent from str                              | eet addres                        | ss):  |   | Mailir   | ng Address  | of Joint Debt  | tor (if differe   | nt from stre  | eet address): |                                   |
| Location of Principal   |  |   |                                   |   | ZIP Code  | <u> </u>   |   |  |   |   |               | ZIP Code                          |
| (if different from stree  | t address abo  | ove):                                       |                                   |   | of Business   |  | ,   |  | of Bankru   |   |               |                                   |
| (Form of Organiza  Individual (include See Exhibit D on page  □ Corporation (inclu □ Partnership □ Other (If debtor is no check this box and steep the seed of th | es Joint Debt<br>the 2 of this form<br>des LLC and<br>ot one of the a<br>ate type of ent   | ors) m. l LLP) above entities, tity below.) | Sing in 1 Rail Stoo               | Ith Care Bugle Asset Ro<br>1 U.S.C. §<br>road<br>ekbroker<br>nmodity Braring Bank   | eal Estate as<br>101 (51B)  | s defined  | Chapt Chapt Chapt Chapt Chapt Chapt   | the I<br>ter 7<br>ter 9<br>ter 11<br>ter 12                                  | Petition is Fi  | iled (Check<br>hapter 15 P<br>a Foreign<br>hapter 15 P<br>a Foreign |               | ecognition<br>eding<br>ecognition |
| Chapter Country of debtor's center Each country in which a by, regarding, or against  | foreign proce  | erests:                                     | ☐ Debi                            | Tax-Exe   | the United S  | le)<br>zation<br>tates                                 | defined   | are primarily co<br>d in 11 U.S.C. §<br>red by an indivi<br>onal, family, or | (Check<br>consumer debts,<br>§ 101(8) as<br>idual primarily | for   |               | are primarily ess debts.          |
| □ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. □ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. □ A plar Accep   |  |   |                                   | Debtor is a si<br>Debtor is not<br>if:<br>Debtor's agg<br>are less than<br>all applicabl<br>A plan is bein<br>Acceptances | regate nonco<br>\$2,490,925 (<br>e boxes:<br>ng filed with<br>of the plan w | s debtor as defin<br>ness debtor as contingent liquida | defined in 11 to ated debts (exo adjustment) to adjustment to a distribution from | C. § 101(51I<br>U.S.C. § 101<br>Cluding debts                                | (51D). s owed to inside and every three                     | ders or affiliates) the years thereafter). editors,                 |               |                                   |
| ☐ Debtor estimates the Debtor | Statistical/Administrative Information  Debtor estimates that funds will be available for distribution to unsecured creditors.  Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. |   |                                   |   |   |  |   |  |   |   |               |                                   |
| Estimated Number of  1- 50- 49 99   | Creditors  100- 199  | 200-  | 1,000-<br>5,000                   | 5,001-<br>10,000  | 10,001-<br>25,000   | 25,001-<br>50,000                                      | 50,001-<br>100,000  | OVER 100,000   |   |   |               |                                   |
| Estimated Assets  | \$100,001 to<br>\$500,000  | \$500,001<br>to \$1                         | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million  | \$50,000,001<br>to \$100<br>million   | \$100,000,001<br>to \$500<br>million                   | \$500,000,001<br>to \$1 billion   |  |   |   |               |                                   |
| Estimated Liabilities   | \$100,001 to<br>\$500,000  | to \$1                                      | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million  | \$50,000,001<br>to \$100<br>million   | \$100,000,001<br>to \$500<br>million                   | \$500,000,001<br>to \$1 billion   |  |   |   |               |                                   |

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): **Voluntary Petition** Johnson, Jennifer J. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Date Filed: Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition.  $\mathbf{X}$  /s/ Daniel A. Springer March 24, 2015 Signature of Attorney for Debtor(s) (Date) Daniel A. Springer Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Page 3 of 51 Document **B1** (Official Form 1)(04/13)

### **Voluntary Petition**

(This page must be completed and filed in every case)

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Jennifer J. Johnson

Signature of Debtor Jennifer J. Johnson

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 24, 2015

Date

#### Signature of Attorney\*

#### X /s/ Daniel A. Springer

Signature of Attorney for Debtor(s)

#### Daniel A. Springer 6314059

Printed Name of Attorney for Debtor(s)

#### Springer Law Firm

Firm Name

2222 E State St Suite 107 Rockford, IL 61104

Address

#### Email: dspringerlaw@gmail.com

#### 815.312.4725

Telephone Number

#### March 24, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Johnson, Jennifer J.

#### Signatures

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| ٦ | c | 7 | - |  |
|---|---|---|---|--|

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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| B1 (Official Fo  |  |   | Page 2   |
|--|--|---|--|
| Voluntar   | ry Petition  | Name of Debtor(s):  | · · · · · · · · · · · · · · · · · · ·  |
| (This page m   | nust be completed and filed in every case)   | Johnson, Jennifer J.  | •  |
|  | All Prior Bankruptcy Cases Filed Within Las  | of 8 Years (If more than two,   | attach additional sheet)   |
| Location<br>Where Filed:   | · · · · · · · · · · · · · · · · · · ·  | Case Number:  | Date Filed:  |
| Location<br>Where Filed:   | :  | Case Number:  | Date Filed:  |
| P  | ending Bankruptcy Case Filed by any Spouse, Partner, or  | Affiliate of this Debtor (If  | more than one, attach additional sheet)  |
| Name of Deb  | otor:  | Case Number:  | Date Filed:  |
| District:  |  | Relationship:   | Judge:   |
|  | Exhibit A  |   | Exhibit B  |
| (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.  (To be completed if debtor is an individual whose debts are primarily cor I, the attorney for the petitioner named in the foregoing petition, have informed the petitioner that [he or she] may proceed under 12, or 13 of title 11, United States Code, and have explained the under each such chapter. I further certify that I delivered to the d required by 11 U.S.C. §342(b).  March 2  Signature of Attorney for Debtor(s)  Daniel A. Springer |  |   |  |
| Yes, and No.  (To be comp  | pleted by every individual debtor. If a joint petition is filed, each $t$ D completed and signed by the debtor is attached and made a  | nibit D  ich spouse must complete and   |  |
| If this is a joi   | t D also completed and signed by the joint debtor is attached a  |   | on.  |
|  | Information Regarding  |   |  |
| -  | (Check any appropriate of the control of the contro | al place of business, or princi-  | ipal assets in this District for 180   |
|  | There is a bankruptcy case concerning debtor's affiliate, ge   |   |  |
| <u> </u>   | Debtor is a debtor in a foreign proceeding and has its princ<br>this District, or has no principal place of business or assets<br>proceeding [in a federal or state court] in this District, or the<br>sought in this District.  | cipal place of business or prints in the United States but is a see interests of the parties will | ncipal assets in the United States in<br>defendant in an action or<br>If be served in regard to the relief |
| _  | Certification by a Debtor Who Resides<br>(Check all appl   | s as a Tenant of Residential licable boxes)   | Property   |
|  | Landlord has a judgment against the debtor for possession  | •   | checked, complete the following.)  |
|  | (Name of landlord that obtained judgment)  |   |  |
|  | (Address of landlord)  |   |  |
|  | Debtor claims that under applicable nonbankruptcy law, the   | ere are circumstances under   | which the debtor would be permitted to cure  |
|  | the entire monetary default that gave rise to the judgment for<br>Debtor has included with this petition the deposit with the cafter the filing of the petition.   | or possession, after the judgm  | ment for possession was entered, and   |
|  | Debtor certifies that he/she has served the Landlord with thi  | is certification. (11 U.S.C. §  | 362(l)).   |

| Document   | Page 5 of 51  |
|--|---|
| 31 (Official Form 1)(04/13)  | Page 3  |
| Voluntary Petition   | Name of Debtor(s);  |
| ·  | Johnson, Jennifer J.  |
| (This page must be completed and filed in every case)  | <u></u>   |
| <del>-</del>   | natures   |
| Signature(s) of Debtor(s) (Individual/Joint)  I declare under penalty of perjury that the information provided in this   | Signature of a Foreign Representative   |
| petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.  Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.   |
| X (hish hom  | X   |
| Signature of Ochter Jennifer J. Johnson  | XSignature of Foreign Representative  |
|  |   |
| X Signature of Joint Debtor  | Printed Name of Foreign Representative  |
| Telephone Number (If not represented by attorney)  | Date  |
| March 23, 2015   | Signature of Non-Attorney Bankruptcy Petition Preparer  |
| Date   | I declare under penalty of perjury that: (1) I am a bankruptcy petition   |
| Signature of Attorney*  X Signature of Attorney for Debtor(s)  Daniel A. Springer 6314059  Printed Name of Attorney for Debtor(s)  Springer Law Firm   | preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer |
| Firm Name  | trinica raine and the, it any, or pankrupely remon repairs  |
| 2222 E State St<br>Suite 107<br>Rockford, IL 61104   | Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)   |
|  | proparotificedanos of 11 o.o.o. 8 110.,   |
| Email: dspringerlaw@gmail.com<br>815.312.4725  | 1   |
| Telephone Number   |   |
| March 23, 2015   |   |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.   | Address X   |
| Signature of Debtor (Corporation/Partnership)  | Date  |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   |
| X Signature of Authorized Individual   |   |
| Signature of Authorized Individual   |   |
| Printed Name of Authorized Individual  | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A bankruptcy petition preparer's failure to comply with the provisions of  |
| Title of Authorized Individual   | title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.   |

Date

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| 1D (Official Form 1, Exhibit D) (12/09) - Cont.  |
|--|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);    |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, through the Internet.); |
| ☐ Active military duty in a military combat zone.  |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling equirement of 11 U.S.C. § 109(h) does not apply in this district.   |
| I certify under penalty of perjury that the information provided above is true and correct.  |
| Signature of Debtor: June  |
| Date: March 23, 2015   |

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| 87 | (Official | Form | 7) | (04/ | 13) |
|----|-----------|------|----|------|-----|
|    |           |      |    |      |     |

25. Pension Funds.

None ]

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I deciare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date March 23, 2015

Signature

dennifer d. Johnson

Debtoi

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

## United States Bankruptcy Court Northern District of Illinois

|  | Northern District of Ill  | inois   |  |
|--|---|---|--|
| In re Jennifer J. Johnson  |   | Case No.  |  |
|  | Debtor(s)   | Chapter   | 7  |
| СНАРТЕ   | R 7 INDIVIDUAL DEBTOR'S STAT  | TEMENT OF INTEN   | ITION  |
|  |   |   |  |
| property of the estate. A  | perty of the estate. (Part A must be full-<br>ttach additional pages if necessary.)       | y completed for EAC   | H debt which is secured by                                       |
| Property No. 1   |   |   |  |
| Creditor's Name:<br>Seterus Inc.   | 1/2 interes   | Property Securing Debit<br>t in Home at 3017 Lape<br>Primary Residence; Joi | :<br>ey Street, Rockford IL 61109<br>int with Non-filing Spouse) |
| Property will be (check one):  |   | <del></del>   |  |
| ■ Surrendered  | ☐ Retained  |   |  |
| If retaining the property, I intend to ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain      | (check at least one):  (for example, avoid lien using                                     | g 11 U.S.C. § 522(f)).  |  |
| Property is (check one):   |   |   |  |
| ■ Claimed as Exempt  | ☐ Not clai  | med as exempt   |  |
| PART B - Personal property subject<br>Attach additional pages if necessary<br>Property No. 1           | to unexpired leases. (All three columns of  | Part B must be complet  | ed for each unexpired lease.                                     |
|  |   | <u> </u>  | <u> </u>   |
| Lessor's Name: -NONE-  | Describe Leased Property:   | Lease will be<br>U.S.C. § 365<br>□ YES                                      | Assumed pursuant to 11 (p)(2):  NO                               |
| I declare under penalty of perjury<br>personal property subject to an un<br>Date <u>March 23, 2015</u> | that the above indicates my intention as aexpired lease.  Signature  Jennifer J.  Delator | to any property of my   | D NO   |

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### United States Bankruptcy Court Northern District of Illinois

| In   | re <u>Jennifer J. Johnson</u>  | Case N                                      | <b>0</b> .   |                             |
|------|--|---|--|-----------------------------|
|      | Debtor(s)  | Chapter                                     | 7  |                             |
|      | DISCLOSURE OF COMPENSATION OF ATTO   | ORNEY FOR 1                                 | DEBTOR(S)  |                             |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the a paid to me within one year before the filing of the petition in bankruptcy, or agreed to behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case   | n he paid to me for c                       | e-named debtor and that c<br>ervices rendered or to be | compensation<br>rendered on |
|      | For legal services, I have agreed to accept  | \$  | 500.00   |                             |
|      | Prior to the filing of this statement I have received  | \$  | 500.00   |                             |
|      | Balance Due  | \$  | 0.00   |                             |
| 2.   | The source of the compensation paid to me was:   |   |  |                             |
|      | ■ Debtor □ Other (specify):  |   |  |                             |
| 3.   | The source of compensation to be paid to me is:  |   |  |                             |
|      | ■ Debtor □ Other (specify):  |   |  |                             |
| 4.   | ■ I have not agreed to share the above-disclosed compensation with any other person  | on unless they are me                       | embers and associates of i                             | my law firm.                |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the   | s who are not membe<br>he compensation is a | ers or associates of my law<br>ttached.                | w firm. A                   |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspe-   | ects of the bankrupte                       | y case, including:                                     |                             |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in d</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan whi</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing,</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; e reaffirmation agreements and applications as needed; preparation 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> | ch may be required;<br>and any adjourned h  | earings thereof;                                       | ing of                      |
| 6.   | By agreement with the debtor(s), the above-disclosed fee does not include the following Representation of the debtors in any dischargeability actions, judy any other adversary proceeding.  | ng service:<br>dicial lien avoidar          | ices, relief from stay a                               | actions or                  |
|      | CERTIFICATION  | ·   | · · · · · · · · · · · · · · · · · · ·                  |                             |
| this | I certify that the foregoing is a complete statement of any agreement or arrangement for sbankruptcy proceeding.   |   | representation of the del                              | otor(s) in                  |
|      | ted: March 23, 2015  |   |  |                             |
| Da   | Daniel A. Spring   | er  |  |                             |
|      | Springer Law Fi  | irm   |  |                             |
|      | 2222 Ē State St<br>Suite 107   |   |  |                             |
|      | Rockford, IL 61  | 104   |  |                             |
|      | 815.312.4725<br>dspringerlaw@  | gmail.com                                   |  |                             |
|      |  |   | ········   |                             |

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B 201B (Form 201B) (12/09)

## United States Rankruntey Court

|         | 01  | Northern District of Illinois                    | arı               |  |
|---------|---|--|-------------------|--|
| In re   | Jennifer J. Johnson                       | ·  | Case No.          |  |
|         |   | Debtor(s)  | Chapter           | 7                                      |
|         |   | N OF NOTICE TO CONSUM<br>342(b) OF THE BANKRUPTO |                   | 2(S)                                   |
|         | I (We) the debtar(s) officer that I (we)  | Certification of Debtor                          |                   |  |
| Code.   | I (We), the debtor(s), affirm that I (we) | have received and read the attached no           | tice, as required | by § 342(b) of the Bankruptcy          |
|         |   |  | •///              | ************************************** |
|         | er J. Johnson                             | X(////   | to france         | March 23, 2015                         |
| Printed | Name(s) of Debtor(s)                      | Signature of De                                  | bior              | Date                                   |
| Case N  | lo. (if known)                            | X  |                   |  |
|         |   | Signature of Joi                                 | nt Debtor (if any | Date                                   |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

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### United States Bankruptcy Court Northern District of Illinois

| In re | Jennifer J. Johnson                             |                                   | Case No.                       |              |
|-------|---|-----------------------------------|--------------------------------|--------------|
|       |   | Debtor(s)                         | Chapter 7                      |              |
|       |   |                                   |                                |              |
|       | VERIF   | ICATION OF CREDITOR N             | MATRIX                         |              |
|       |   | Number o                          | f Creditors:                   | 19_          |
|       | The above-named Debtor(s) here (our) knowledge. | by verifies that the list of cred | tors is true and correct to th | e best of my |
| Date: | March 23, 2015                                  | Jennifer J. Johnson               |                                |              |
|       |   | Signature of Debtor               |                                |              |

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| Debte | or 1             | Jennifer J. Johnson  |  | Case numi            | ber (if known)  |  |           |           |
|-------|------------------|--|--|----------------------|---|--|-----------|-----------|
|       |                  |  |  | Column A<br>Debtor 1 | 10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45<br>10.45 | Column B<br>Debtor 2 of<br>non-filling s |           |           |
| 5.    |                  | mployment compensation   |  | \$                   | 0.00  | \$                                       |           |           |
|       | the :            | not enter the amount if you contend that the amoun<br>Social Security Act. Instead, list it here:  |  |                      |   |  |           |           |
|       | F-               | or you \$ or your spouse \$  | 0.00   |                      |   |  |           |           |
| _     | _ F              | or your spouse\$   |  |                      |   |  |           |           |
| 9.    | ben              | sion or retirement income. Do not include any an<br>efit under the Social Security Act.  | nount received that was a                            | \$                   | 0.00  | \$                                       |           |           |
| 10    | Do rece<br>dom   | ome from all other sources not listed above. Spenot include any benefits received under the Social Silved as a victim of a war crime, a crime against hurestic terrorism. If necessary, list other sources on a on line 10c. | Security Act or payments manity, or international or |                      |   |  |           |           |
|       | 1                | 0a. SNAP   | <del></del>  | \$                   | 141.00  | \$                                       | _         |           |
|       | 1                | 0b   |  | \$                   | 0.00  | \$                                       |           |           |
|       | 1                | Oc. Total amounts from separate pages, if any.   | +  | \$                   | 0.00  | \$                                       |           |           |
| 11.   | . Cald<br>each   | culate your total current monthly income. Add lin<br>n column. Then add the total for Column A to the to   | nes 2 through 10 for<br>tal for Column B.            | 2,213.83             | <b>+</b> \$   |  | S Total c | 2,213.83  |
| Part  | 2:               | Determine Whether the Means Test Applies t   | o You  |                      |   |  | income    |           |
| 12.   | Calc             | culate your current monthly income for the year  | Follow these stens:                                  |                      |   |  |           |           |
|       |                  | Copy your total current monthly income from line   |  | Co                   | py line 11 h  | nere=> 12a.                              | s         | 0.040.00  |
|       |                  | copy your council, morning modello noth line   | · '  |                      | py mie 111  | 128.                                     | •         | 2,213.83  |
|       |                  | Multiply by 12 (the number of months in a year)  |  |                      |   |  | x 1       | 2         |
|       | 12b.             | The result is your annual income for this part of the  | e form   |                      |   | 12b.                                     | \$2       | 26,565.96 |
| 13.   | Calc             | sulate the median family income that applies to  | vou. Follow these steps:                             |                      |   |  | <u> </u>  |           |
|       |                  | n the state in which you live.   | IL   |                      |   |  |           |           |
|       |                  | ,  | <u> </u>   |                      |   |  |           |           |
|       |                  | n the number of people in your household.  | 3  |                      |   |  |           |           |
|       | Fill i           | n the median family income for your state and size   | of household.  |                      |   | 13.                                      | \$7       | 72,342.00 |
| 11    | Цац              | do the lines compare?  |  |                      |   |  |           |           |
| 1-1.  | . 110m<br>. 14a. | _  | n the top of page 1, check box                       | : 1. There is        | s no presum   | notion of abuse                          | e         |           |
|       | 14b.             | Go to Part 3.  |  |                      |   |  |           |           |
|       | 140.             | Line 12b is more than line 13. On the top of<br>Go to Part 3 and fill out Form 22A-2.  | or page 1, check box 2, 1 ne pro                     | esumption (          | ot aduse is d   | determined by                            | Form 22   | 'A-2.     |
| Part  | 3:               | Sign Below   | and the second                                       |                      |   |  |           |           |
|       |                  | By signing here, I declare under penalty of perjury  | that the information on this sta                     | atement and          | d in any atta   | achments is tri                          | ue and co | orrect.   |
|       | 2                | x Inte from  |  |                      |   |  |           |           |
|       | ,                | Jennifer J. Johnson<br>Signature of Debtor 1   |  |                      |   |  |           |           |
|       | Dat              | © March 23, 2015   | · · · · · · · · · · · · · · · · · · ·                |                      |   |  |           |           |
|       |                  | MM / DD / YYYY   |  |                      |   |  |           |           |
|       |                  | If you checked line 14a, do NOT fill out or file Form  |  |                      |   |  |           |           |
|       |                  | If you checked line 14b, fill out Form 22A-2 and file  | e it with this form.                                 |                      |   |  |           |           |

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B 1D (Official Form 1, Exhibit D) (12/09)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | Jennifer J. Johnson |           |         |   |
|-------|---------------------|-----------|---------|---|
|       |                     | Debtor(s) | Chapter | 7 |
|       |                     |           |         |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.   |
|---|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Jennifer J. Johnson  Jennifer J. Johnson   |
| Date: March 24, 2015  |

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B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Jennifer J. Johnson |          | Case No. |   |
|-------|---------------------|----------|----------|---|
| _     |                     | Debtor , |          |   |
|       |                     |          | Chapter  | 7 |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 47,100.00         |             |          |
| B - Personal Property   | Yes                  | 3                | 4,150.00          |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 52,353.00   |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 4                |                   | 52,818.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 1,766.93 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 1,719.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 17               |                   |             |          |
|   | T                    | otal Assets      | 51,250.00         |             |          |
|   |                      |                  | Total Liabilities | 105,171.00  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

### United States Bankruptcy Court Northern District of Illinois

| In re | Jennifer J. Johnson |        | Case No. |   |
|-------|---------------------|--------|----------|---|
|       |                     | Debtor | ,        |   |
|       |                     |        | Chapter  | 7 |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount    |
|---|-----------|
| Domestic Support Obligations (from Schedule E)  | 0.00      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00      |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00      |
| Student Loan Obligations (from Schedule F)  | 37,447.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00      |
| TOTAL   | 37,447.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 1,766.93 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 1,719.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 2,213.83 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 5,253.00  |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F   |      | 52,818.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 58,071.00 |

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B6A (Official Form 6A) (12/07)

| In re | Jennifer J. Johnson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
|       |                     | Debtor |          |  |

#### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property  Nature of Debtor's Interest in Property  Nature of Debtor's Interest in Property  Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption  Amount of Secured Claim | 1/2 interest in Home at 3017 Lapey Street, Rockford IL 61109 (Debtor's Primary Residence; Joint with Non-filing Spouse) | Fee simple | -                  | 47,100.00  | 52,353.00 |
|--|---|------------|--------------------|--|-----------|
|  | Description and Location of Property  |            | Wife,<br>Joint, or | Debtor's Interest in<br>Property, without<br>Deducting any Secured |           |

Sub-Total > 47,100.00 (Total of this page)

Total > **47,100.00** 

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B6B (Official Form 6B) (12/07)

| In re | Jennifer J. Johnson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| •     |                     | Debtor | ,        |  |

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property        | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 1.  | Cash on hand  | X                |   |   |  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | Checking Account with PNC Bank, Rockford IL | -   | 1,000.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |   |   |  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | ı                | Bedroom set, 2 television                   | -   | 300.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | ı                | Books, CD's, DVD's                          | -   | 75.00  |
| 6.  | Wearing apparel.  | Ţ                | Used Clothing                               | -   | 300.00   |
| 7.  | Furs and jewelry.   | (                | Costume Jewelry                             | -   | 75.00  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |   |   |  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | X                |   |   |  |
| 10. | Annuities. Itemize and name each issuer.  | X                |   |   |  |
|     |   |                  |   |   |  |

**2** continuation sheets attached to the Schedule of Personal Property

1,750.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Jennifer J. Johnson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     |          |  |

Debtor

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  | ·                                    |                      |   |
|-----|---|------------------|--------------------------------------|----------------------|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | JOHIL, OI            | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х                |                                      |                      |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |                                      |                      |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |                      |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |                      |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |                      |   |
| 16. | Accounts receivable.  | X                |                                      |                      |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |                      |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                      |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |                      |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                      |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | х                |                                      |                      |   |
|     |   |                  |                                      | Sub-To               | tal > <b>0.00</b>   |
|     |   |                  |                                      | (Total of this page) |   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Jennifer J. Johnson | Case No. |
|-------|---------------------|----------|
| _     |                     |          |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |   |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | cc<br>sp         | 00 Chevy Silverado with 160,000 miles in fair indition. Vehicle is currently in Debtor's non-filing ouse's possession. Debtor and spouse are in ocess of getting divorced, and are separated. | -<br>!                                      | 2,400.00  |
| 26. | Boats, motors, and accessories.   | X                |   |   |   |
| 27. | Aircraft and accessories.   | X                |   |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |   |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |   |   |   |
| 30. | Inventory.  | X                |   |   |   |
| 31. | Animals.  | 2                | Cats, 1 Dog   | -   | 0.00  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |   |   |   |
| 33. | Farming equipment and implements.   | X                |   |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |   |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |   |   |   |

Sub-Total > (Total of this page) Total >

4,150.00

2,400.00

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Jennifer J. Johnson | Case No |
|-------|---------------------|---------|
| _     |                     | Debtor  |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box)  11 U.S.C. \$522(b)(2) | ☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte with respect to cases commenced on or after the date of adjustment.) |
|--|--|
| ■ 11 U.S.C. §522(b)(3)   |  |

| Description of Property  | Specify Law Providing<br>Each Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|---|----------------------------------|---|
| Real Property 1/2 interest in Home at 3017 Lapey Street, Rockford IL 61109 (Debtor's Primary Residence; Joint with Non-filing Spouse)  | 735 ILCS 5/12-901                       | 15,000.00                        | 47,100.00   |
| <u>Household Goods and Furnishings</u><br>Bedroom set, 2 television  | 735 ILCS 5/12-1001(b)                   | 300.00                           | 300.00  |
| Books, Pictures and Other Art Objects; Collectible Books, CD's, DVD's  | <u>s</u><br>735 ILCS 5/12-1001(a)       | 75.00                            | 75.00   |
| Wearing Apparel Used Clothing  | 735 ILCS 5/12-1001(a)                   | 300.00                           | 300.00  |
| Furs and Jewelry<br>Costume Jewelry  | 735 ILCS 5/12-1001(b)                   | 75.00                            | 75.00   |
| Automobiles, Trucks, Trailers, and Other Vehicles 2000 Chevy Silverado with 160,000 miles in fair condition. Vehicle is currently in Debtor's non-filing spouse's possession. Debtor and spouse are in process of getting divorced, and are separated. | 735 ILCS 5/12-1001(c)                   | 2,400.00                         | 2,400.00  |

Total: 18,150.00 50,250.00

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B6D (Official Form 6D) (12/07)

| In re | Jennifer J. Johnson | Case No | _ |
|-------|---------------------|---------|---|
| _     |                     | Debtor  |   |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN   | CONTLNGEN |       | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|------------------------|--|-----------|-------|----------|--|---------------------------------|
| Account No.  |                 |                        | 3/2007   | Т         | DATED |          |  |                                 |
| Seterus Inc.<br>14523 SW Millikan, Suite 200<br>Beaverton, OR 97005                                  | x               | -                      | First Mortgage 1/2 interest in Home at 3017 Lapey Street, Rockford IL 61109 (Debtor's Primary Residence; Joint with Non-filing Spouse) |           | U     |          |  |                                 |
|  |                 |                        | Value \$ 47,100.00   |           |       | Ц        | 52,353.00  | 5,253.00                        |
| Account No.  Account No.   |                 |                        | Value \$   |           |       |          |  |                                 |
|  |                 |                        |  |           |       |          |  |                                 |
| Account No.  | $\vdash$        |                        | Value \$   |           |       |          |  |                                 |
| Account No.  |                 |                        | Value \$   |           |       |          |  |                                 |
| continuation sheets attached   |                 |                        |  | ubto      |       | - 1      | 52,353.00  | 5,253.00                        |
|  | 1<br>s)         | 52,353.00              | 5,253.00   |           |       |          |  |                                 |

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B6E (Official Form 6E) (4/13)

| •     |                     |          |          |  |
|-------|---------------------|----------|----------|--|
| In re | Jennifer J. Johnson |          | Case No. |  |
| -     |                     | Debtor , |          |  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Jennifer J. Johnson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor | ,        |  |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

| — Check and con it decis has no creators nothing unsecut  |          |                        | is to report on this senedule I |                |                       |     |              |                 |
|---|----------|------------------------|---------------------------------|----------------|-----------------------|-----|--------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C |                                 | CONTINGEN      | UNLIQUID              | 1 6 | E            | AMOUNT OF CLAIM |
| Account No.   |          |                        | Utilities                       | T N            | D<br>A<br>T<br>E<br>D |     | Ī            |                 |
| Ambit Energy<br>PO Box 864589<br>Plano, TX 75086  |          | -                      |                                 |                | D                     |     |              | 132.00          |
| Account No.   |          |                        |                                 | T              |                       | t   | †            |                 |
| Credit Protection Association<br>13355 Noel Road Sout<br>Dallas, TX 75240                         |          |                        | Representing:<br>Ambit Energy   |                |                       |     |              | Notice Only     |
| Account No.   |          | ┢                      | Credit Card Purchases           | T              |                       | t   | +            |                 |
| Capital One Bank<br>PO Box 30281<br>Salt Lake City, UT 84130                                      |          | -                      |                                 |                |                       |     |              | 2,019.00        |
| Account No.   |          | ┢                      | Credit Card Purchases           | +              |                       | t   | $\dagger$    | ,               |
| Chase<br>Po Box 15298<br>Wilmington, DE 19850   |          | -                      |                                 |                |                       |     |              | 0.404.00        |
|   |          | L                      |                                 | $\perp$        | L                     | L   | $\downarrow$ | 2,424.00        |
| _3 continuation sheets attached   |          |                        | (Total of t                     | Subt<br>this j |                       |     | )            | 4,575.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Jennifer J. Johnson | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor   |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,   | CODEBTO  | Hu          | sband, Wife, Joint, or Community  | CONT      | DZLL        | D<br>I   |                 |
|--|----------|-------------|---|-----------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) |          | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ZH LZGEZH | LIQUIDAT    | U        | AMOUNT OF CLAIM |
| Account No.  |          |             | Credit Card Purchases   | Ť         | T<br>E<br>D |          |                 |
| Comenity Bank/Gordmans<br>PO Box 182789<br>Columbus, OH 43218                    |          | -           |   |           | D           |          | 688.00          |
| Account No.  | ┢        | T           | Credit Card Purchases   | $\vdash$  | T           |          |                 |
| Comenity Bank/Victorias Secret<br>PO Box 182789<br>Columbus, OH 43218            |          | -           |   |           |             |          |                 |
|  |          |             |   |           |             |          | 698.00          |
| Account No.  Dell Financial Services PO Box 81607 Austin, TX 78708               |          | _           | Charge Account  |           |             |          |                 |
| -  |          |             |   | $\perp$   | L           |          | 518.00          |
| Account No.  Discover Financial Services PO Box 15316 Wilmington, DE 19850       |          | -           | Credit Card Purchases   |           |             |          | 2,779.00        |
| Account No.  | $\vdash$ | T           | Notice Only   | T         | $\vdash$    | $\vdash$ |                 |
| Equifax<br>PO Box 740256<br>Atlanta, GA 30374                                    |          | -           |   |           |             |          | 0.00            |
| Sheet no. 1 of 3 sheets attached to Schedule of                                  | _        |             |   | Subt      | tota        | ıl       | 4 602 60        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   | his 1     | pag         | ge)      | 4,683.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Jennifer J. Johnson |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor |          |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | I c             | 116                    | shand Wife laint or Community   | 10        | 111        | Ь   | <del> </del>    |
|--|-----------------|------------------------|---|-----------|------------|-----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)        | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTLXGEN | UNLLQULDAT | U   | AMOUNT OF CLAIM |
| Account No.  | 1               |                        | Notice Only   | Т         | E<br>D     |     |                 |
| Experian<br>PO Box 4500<br>Allen, TX 75013   |                 | _                      |   |           |            |     | 0.00            |
| Account No.  | ╁               |                        | Credit Card Purchases   |           |            |     |                 |
| Kohls/Capital One<br>PO Box 3115<br>Milwaukee, WI 53201  |                 | _                      |   |           |            |     |                 |
|  | ┖               |                        |   |           |            |     | 2,196.00        |
| Account No.  RMH Pathologists Ltd. c/o Professional Billing 6785 Weaver Road, Suite D Rockford, IL 61114 |                 | _                      | Medical Bills   |           |            |     | 500.00          |
| Account No.  | t               |                        | Medical Bills   |           |            |     |                 |
| Rockford Health Physicians<br>Attn Bankruptcy Dept.<br>Department 4701<br>Carol Stream, IL 60122-4701    |                 | _                      |   |           |            |     | 500.00          |
| Account No.  | ╁               |                        | Medical Bills   | +         | $\vdash$   |     |                 |
| Rockford Health System<br>2400 N. Rockton Avenue<br>Rockford, IL 61103                                   |                 | _                      |   |           |            |     | 850.00          |
| Sheet no. <b>2</b> of <b>3</b> sheets attached to Schedule of  |                 |                        |   | Sub       | tota       | 1   | 101000          |
| Creditors Holding Unsecured Nonpriority Claims   |                 |                        | (Total o  | this      | pag        | ge) | 4,046.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Jennifer J. Johnson | Case No. |  |
|-------|---------------------|----------|--|
|       |                     | Debtor   |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,   | C        | Hu  | sband, Wife, Joint, or Community  | C           | U                     | D     |                 |
|--|----------|-----|---|-------------|-----------------------|-------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN    | LIQUI                 | SPUTE | AMOUNT OF CLAIM |
| Account No.  |          |     |   | Т           | D<br>A<br>T<br>E<br>D |       |                 |
| Allied Business Accounts<br>300 1/2 South 2nd Street<br>Clinton, IA 52732                                    |          |     | Representing:<br>Rockford Health System   |             |                       |       | Notice Only     |
| Account No.  | $\vdash$ |     | Credit Card Purchases   | +           |                       |       |                 |
| Syncb/Care Credit<br>PO Box 965036<br>Orlando, FL 32896  |          | -   |   |             |                       |       |                 |
|  |          |     |   |             |                       |       | 1,359.00        |
| Account No.  |          |     | Credit Card Purchases   |             |                       |       |                 |
| Syncb/Walmart<br>PO Box 965024<br>Orlando, FL 32896  |          | -   |   |             |                       |       |                 |
|  |          |     |   |             |                       |       | 708.00          |
| Account No.  |          |     | Notice Only   |             |                       |       |                 |
| TransUnion<br>555 West Adams Street<br>Chicago, IL 60661   |          | -   |   |             |                       |       |                 |
| Account No.  |          |     | Student Loans   | +           |                       |       | 0.00            |
| US Dept. of Education/GLESLI<br>2401 International<br>PO Box 7859<br>Madison, WI 53704                       |          | -   | otadent Loans   |             |                       |       |                 |
|  |          |     |   |             |                       |       | 37,447.00       |
| Sheet no. <b>3</b> of <b>3</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |     | (Total of   | Sub<br>this |                       |       | 39,514.00       |
|  |          |     | (Report on Summary of S   |             | ota<br>lule           |       | 52,818.00       |

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B6G (Official Form 6G) (12/07)

| In re | Jennifer J. Johnson | Case No |  |
|-------|---------------------|---------|--|
| -     |                     | ,       |  |
|       |                     | Debtor  |  |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-80755 Doc 1 Filed 03/24/15 Entered 03/24/15 08:49:11 Desc Main Document Page 29 of 51

B6H (Official Form 6H) (12/07)

| In re | Jennifer J. Johnson | Case No |  |
|-------|---------------------|---------|--|
| _     |                     |         |  |
|       |                     | Debtor  |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR NAME AND ADDRESS OF CREDITOR

Jared Johnson 3017 Lapey Street Rockford, IL 61109 Seterus Inc. 14523 SW Millikan, Suite 200 Beaverton, OR 97005

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|      |   |                             |   |             |     | _           |                              |                          |                                   |          |
|------|---|-----------------------------|---|-------------|-----|-------------|------------------------------|--------------------------|-----------------------------------|----------|
|      | in this information to identify your  |                             |   |             |     |             |                              |                          |                                   |          |
| De   | btor 1 Jennifer J.  | Johnson                     |   |             | _   |             |                              |                          |                                   |          |
|      | btor 2 ouse, if filing)   |                             |   |             | _   |             |                              |                          |                                   |          |
| Un   | ited States Bankruptcy Court for th   | e: NORTHERN DISTRIC         | CT OF ILLINOIS                                      |             | _   |             |                              |                          |                                   |          |
|      | se number   |                             | -   |             |     | □ A         |                              | ed filing<br>ent showing | g post-petitior<br>ollowing date: |          |
| 0    | fficial Form B 6I   |                             |   |             |     | N           | /M / DD/ Y                   | YYY                      |                                   |          |
| S    | chedule I: Your Ind   | come                        |   |             |     |             |                              |                          |                                   | 12/1:    |
| atta | rt 1: Describe Employment  Fill in your employment                                      | . On the top of any additi  | onal pages, write yo                                |             |     |             | umber (if I                  | known). A                | nswer every                       |          |
|      | information.  |                             | Debtor 1  |             |     |             |                              |                          | ling spouse                       |          |
|      | If you have more than one job, attach a separate page with information about additional | Employment status           | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |     |             | ☐ Employed<br>☐ Not employed |                          |                                   |          |
|      | employers.  | Occupation                  | Certified Medical Assistar                          |             |     | t           |                              |                          |                                   |          |
|      | Include part-time, seasonal, or self-employed work.                                     | Employer's name             | Rockford Healtl                                     | n Systei    | m   |             |                              |                          |                                   |          |
|      | Occupation may include student or homemaker, if it applies.                             | Employer's address          | 2400 N. Rockton<br>Rockford, IL 61                  |             | ıe  |             |                              |                          |                                   |          |
|      |   | How long employed t         | here?   |             |     |             | _                            |                          |                                   |          |
| Pa   | rt 2: Give Details About Mo   | onthly Income               |   |             |     |             |                              |                          |                                   |          |
|      | imate monthly income as of the use unless you are separated.                            | date you file this form. If | you have nothing to r                               | eport for   | any | line, write | e \$0 in the                 | space. Inc               | lude your nor                     | n-filing |
|      | ou or your non-filing spouse have n<br>re space, attach a separate sheet t              |                             | ombine the informatio                               | n for all e | mpl | oyers for   | that perso                   | n on the lir             | nes below. If y                   | you need |
|      |   |                             |   |             |     | For Del     | btor 1                       |                          | otor 2 or<br>ng spouse            |          |
| 2.   | List monthly gross wages, sal deductions). If not paid monthly                          |                             |   | 2.          | \$  | 2           | ,042.30                      | \$                       | N/A                               |          |
| 3.   | Estimate and list monthly ove   | rtime pay.                  |   | 3.          | +\$ | <u> </u>    | 0.00                         | +\$                      | N/A                               |          |
| 4.   | Calculate gross Income. Add   | line 2 + line 3.            |   | 4.          | \$  | 2,04        | 42.30                        | \$                       | N/A                               |          |

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| Deb | otor 1                                 | Jennifer J. Johnson   | -                 | Case            | number (if known)                    |  |                                 |
|-----|--|---|-------------------|-----------------|--------------------------------------|--|---------------------------------|
|     |  |   |                   | For             | Debtor 1                             |  | Debtor 2 or<br>filing spouse    |
|     | Сор                                    | y line 4 here   | 4.                | <sup>\$</sup> _ | 2,042.30                             | \$   | N/A                             |
| 5.  | List                                   | all payroll deductions:   |                   |                 |                                      |  |                                 |
|     | 5a.                                    | Tax, Medicare, and Social Security deductions   | 5a.               | \$              | 119.84                               | \$   | N/A                             |
|     | 5b.                                    | Mandatory contributions for retirement plans  | 5b.               | \$              | 0.00                                 | \$   | N/A                             |
|     | 5c.                                    | Voluntary contributions for retirement plans  | 5c.               | \$              | 0.00                                 | \$   | N/A                             |
|     | 5d.                                    | Required repayments of retirement fund loans  | 5d.               | \$              | 0.00                                 | \$   | N/A                             |
|     | 5e.                                    | Insurance   | 5e.               | \$              | 296.53                               | \$   | N/A                             |
|     | 5f.                                    | Domestic support obligations  | 5f.               | \$              | 0.00                                 | \$   | N/A                             |
|     | 5g.                                    | Union dues  | 5g.               | \$              | 0.00                                 | \$   | N/A                             |
|     | 5h.                                    | Other deductions. Specify:  | 5h.+              | \$              | 0.00                                 | + \$   | N/A                             |
| 6.  | Add                                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                | \$              | 416.37                               | \$   | N/A                             |
| 7.  | Cald                                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$              | 1,625.93                             | \$   | N/A                             |
| 8.  | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP  Pension or retirement income | 8c.<br>8d.<br>8e. |                 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A |
|     | 8g.<br>8h.                             | Other monthly income. Specify:  | 8g.<br>8h.+       | φ_              | 0.00                                 | + \$ <u> </u>  | N/A<br>N/A                      |
|     | OII.                                   | Other monthly income. Opechy.   | - 011.7           | Ψ_              | 0.00                                 | -Ψ <u> </u>  | IN/A                            |
| 9.  | Add                                    | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$              | 141.00                               | \$   | N/A                             |
| 10  | Calc                                   | culate monthly income. Add line 7 + line 9.   | 10. \$            |                 | 1,766.93 + \$                        |  | N/A = \$ 1,766.93               |
|     |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | · · · ·           |                 | 1,700.55                             |  | 11/7                            |
| 11. | Inclu<br>othe                          | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not excity:   | depend            |                 | •                                    | •  | chedule J.<br>11. +\$ 0.00      |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |                   |                 |                                      |  | 12. \$ 1,766.93                 |
| 13. | Do y                                   | ou expect an increase or decrease within the year after you file this form No.  | ?                 |                 |                                      |  | Combined monthly income         |
|     | _                                      | Yes Explain:  |                   |                 |                                      |  |                                 |

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|            |                              |  |                           |   |                       | -       |  |   |
|------------|------------------------------|--|---------------------------|---|-----------------------|---------|--|---|
| Fill       | in this informa              | tion to identify yo                                  | our case:                 |   |                       |         |  |   |
| Deb        | tor 1                        | Jennifer J. J  | ohnson                    |   |                       | Ch      | eck if this is:                        |   |
| L .        |                              |  |                           |   | _                     |         | An amended filing                      | •   |
|            | otor 2<br>ouse, if filing)   |  |                           |   |                       |         |  | owing post-petition chapter of the following date:      |
|            | , G,                         | runtay Court for the                                 | . NODTL                   | IEDNI DISTDICT OE II I IN                                   | OIS                   |         | MM / DD / YYYY                         |   |
| Unit       | ed States Banki              | ruptcy Court for the                                 | . NORTH                   | IERN DISTRICT OF ILLIN                                      | OIS                   |         |  |   |
|            | e number<br>nown)            |  |                           |   |                       |         | A separate filing to 2 maintains a sep | for Debtor 2 because Debto<br>parate household          |
| Of         | fficial Fo                   | rm B 6J  |                           |   |                       | •       |  |   |
| So         | chedule                      | J: Your  | _<br>Exper                | ises  |                       |         |  | 12/1:   |
| Be a       | as complete ormation. If m   | and accurate as                                      | s possible.<br>eded, atta | If two married people ar<br>ch another sheet to this        |                       |         |  |   |
| Pari       | t 1: Descr<br>Is this a joir | ribe Your House                                      | hold                      |   |                       |         |  |   |
|            | ■ No. Go to                  | line 2.  | in a senar:               | ate household?  |                       |         |  |   |
|            | _ 100. <b>200</b>            |  | и сорин                   |   |                       |         |  |   |
|            | =                            | -  | st file a sep             | parate Schedule J.  |                       |         |  |   |
| 2.         | Do you have                  | e dependents?  | □ No                      |   |                       |         |  |   |
|            | Do not list D<br>Debtor 2.   | ebtor 1 and  | ■ Yes.                    | Fill out this information for each dependent                | Dependent's relati    |         | Dependent's age                        | Does dependent live with you?                           |
|            | Do not state dependents'     |  |                           |   | Son                   |         | 6                                      | □ No<br>■ Yes   |
|            |                              |  |                           |   | Son                   |         | 10                                     | □ No<br>■ Yes   |
|            |                              |  |                           |   |                       |         |  | □ No  |
|            |                              |  |                           |   |                       |         |  | _ □ Yes<br>□ No   |
|            |                              |  |                           |   |                       |         |  | □ No<br>□ Yes   |
| 3.         | expenses o                   | penses include<br>f people other t<br>d your depende | han 🗖                     | No<br>Yes   |                       |         |  | 163   |
| Est<br>exp | imate your ex                |  | our bankrı                | uptcy filing date unless y                                  |                       |         |  | hapter 13 case to report<br>of the form and fill in the |
| the        |                              | h assistance an                                      |                           | government assistance i<br>luded it on <i>Schedule I:</i> \ |                       |         | Your ex                                | penses  |
| 4.         |                              | or home owners                                       |                           | ses for your residence. I                                   | nclude first mortgage | e<br>4. | \$                                     | 0.00  |
|            | If not includ                | led in line 4:                                       |                           |   |                       |         |  |   |
|            | 4a. Real e                   | estate taxes   |                           |   |                       | 4a.     | \$                                     | 0.00  |
|            |                              | rty, homeowner's                                     | s, or renter              | 's insurance  |                       | 4b.     |  | 0.00  |
|            |                              |  | •                         | ıpkeep expenses   |                       | 4c.     | \$                                     | 50.00   |
| _          |                              | owner's associa                                      |                           |   |                       | 4d.     | •                                      | 0.00  |
| 5.         | Additional r                 | mortgage payme                                       | ents for vo               | our residence, such as ho                                   | me equity loans       | 5.      | \$                                     | 0.00  |

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| Debtor 1 <u>Je</u>           | nnifer J. Johnson  | Case num            | ber (if known) |           |
|------------------------------|--|---------------------|----------------|-----------|
| . Utilities:                 |  |                     |                |           |
|                              | ectricity, heat, natural gas   | 6a.                 | \$             | 0.00      |
|                              | iter, sewer, garbage collection  | 6b.                 |                | 0.00      |
|                              | ephone, cell phone, Internet, satellite, and cable services  | 6c.                 | ·              | 195.00    |
|                              | ner. Specify:  | 6d.                 | \$             | 0.00      |
|                              | d housekeeping supplies  | 7.                  | \$             | 600.00    |
|                              | e and children's education costs   | 8.                  | \$             | 80.00     |
|                              | , laundry, and dry cleaning  | 9.                  | \$             | 150.00    |
| _                            | care products and services   | 10.                 | \$             |           |
|                              | -  |                     | ·              | 75.00     |
|                              | and dental expenses  | 11.                 | Ф              | 30.00     |
|                              | rtation. Include gas, maintenance, bus or train fare.<br>clude car payments.   | 12.                 | \$             | 320.00    |
|                              | nment, clubs, recreation, newspapers, magazines, and books   | 13.                 | \$             | 75.00     |
|                              | le contributions and religious donations   | 14.                 |                | 0.00      |
| . Insuranc                   | •  | 17.                 | Ψ              | 0.00      |
|                              | clude insurance deducted from your pay or included in lines 4 or 20.   |                     |                |           |
|                              | e insurance  | 15a.                | \$             | 0.00      |
|                              | alth insurance   | 15b.                | ·              | 0.00      |
|                              | hicle insurance  | 15c.                | · —            | 44.00     |
|                              | ner insurance. Specify:  | 15d.                | ·              |           |
|                              | o not include taxes deducted from your pay or included in lines 4 or 2   |                     | Ψ              | 0.00      |
| Specify:                     | o not include taxes deducted from your pay of included in lines 4 of 20  | J.<br>16.           | \$             | 0.00      |
| , ,                          | ent or lease payments:   |                     | Ψ              | 0.00      |
|                              | r payments for Vehicle 1   | 17a.                | \$             | 0.00      |
|                              | r payments for Vehicle 2   | 17b.                | ·              | 0.00      |
|                              | ner. Specify:  | 17c.                | ·              |           |
|                              | ner. Specify:  | 17d.                |                | 0.00      |
|                              | • • •  |                     | Ψ              | 0.00      |
|                              | ments of alimony, maintenance, and support that you did not rep<br>If from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form   |                     | \$             | 0.00      |
|                              | yments you make to support others who do not live with you.  | 01).                | \$             | 0.00      |
| Specify:                     | yments you make to support others who do not live with you.  | 19.                 | Ψ              | 0.00      |
|                              | al property expenses not included in lines 4 or 5 of this form or o  |                     | ur Income      |           |
|                              | rtgages on other property  | 20a.                |                | 0.00      |
|                              | al estate taxes  | 20b.                |                | 0.00      |
|                              | operty, homeowner's, or renter's insurance   | 20c.                | ·              | 0.00      |
|                              | intenance, repair, and upkeep expenses   | 20d.                |                | 0.00      |
|                              | meowner's association or condominium dues  | 20e.                |                |           |
|                              |  |                     | · -            | 0.00      |
| . Other: S                   |  | 21.                 |                | 50.00     |
| Pet Foo                      | d/Care   |                     | +\$            | 50.00     |
| . Your mo                    | nthly expenses. Add lines 4 through 21.  | 22.                 | \$             | 1,719.00  |
|                              | t is your monthly expenses.  |                     | · —            |           |
|                              | e your monthly net income.   | l                   |                |           |
|                              | py line 12 (your combined monthly income) from Schedule I.   | 23a.                | \$             | 1,766.93  |
|                              | py your monthly expenses from line 22 above.   | 23b.                | ·              | 1,719.00  |
| , ,                          |  |                     |                | 1,7 10.00 |
| 23c. Su                      | btract your monthly expenses from your monthly income.   |                     |                |           |
|                              |  | 23c.                | \$             | 47.93     |
| 4. <b>Do you e</b> For examp | e result is your monthly net income.  Expect an increase or decrease in your expenses within the year a le, do you expect to finish paying for your car loan within the year or do you expend to the terms of your mortgage? | after you file this |                |           |
|                              |  |                     |                |           |
| ☐ Yes.                       |  |                     |                |           |

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**B6 Declaration (Official Form 6 - Declaration).** (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Jennifer J. Johnson                               |               |                           | Case No.    |                      |  |  |
|-------|---|---------------|---------------------------|-------------|----------------------|--|--|
|       |   |               | Debtor(s)                 | Chapter     | 7                    |  |  |
|       |   |               |                           |             |                      |  |  |
|       |   |               |                           |             |                      |  |  |
|       | DECLARATION C                                     | ONCERN        | ING DEBTOR'S SO           | HEDUL       | ES                   |  |  |
|       | DECEMBER 11101( O.                                | OI (OLIN)     | IN CO DEDICATE DE         |             |                      |  |  |
|       | DECLARATION UNDER F                               | ENALTY (      | F PER IURY BY INDIVI      | DUAL DEF    | RTOR                 |  |  |
|       | BBeBind III 61 (BBR)                              | LIVILLI       | TELWORT BI INDIVI         | DOILE DEI   | 510K                 |  |  |
|       |   |               |                           |             |                      |  |  |
|       |   |               |                           |             |                      |  |  |
|       | I declare under penalty of perjury th             | at I have rea | nd the foregoing summary  | and schedul | les, consisting of19 |  |  |
|       | sheets, and that they are true and correct to the | ne best of my | y knowledge, information, | and belief. |                      |  |  |
|       |   |               |                           |             |                      |  |  |
|       |   |               |                           |             |                      |  |  |
| Data  | March 24, 2015                                    | C: t          | /s/ Jennifer J. Johnson   |             |                      |  |  |
| Date  | March 24, 2015                                    | Signature     | Jennifer J. Johnson       |             |                      |  |  |
|       |   |               | Debtor                    |             |                      |  |  |
|       |   |               |                           |             |                      |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

### **United States Bankruptcy Court**Northern District of Illinois

| In re | Jennifer J. Johnson |           | Case No. | Case No. |
|-------|---------------------|-----------|----------|----------|
|       |                     | Debtor(s) | Chapter  | 7        |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None  $\square$ 

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$4,713.01 2015 YTD: Employment Income \$11,997.24 2014: Employment Income \$7,000.00 2013: Employment Income

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$423.00 2015 YTD: Food Stamps/SNAP/LINK

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AMOUNT SOURCE

\$1.692.00 2014: Food Stamps/SNAP/LINK

\$14,500.00 2013: Unemployment

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID **PAYMENTS** OF CREDITOR OWING

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS OWING TRANSFERS** 

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING** 

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
Springer Law Firm

Springer Law Firm 2222 East State Street, Suite 107 Rockford, IL 61104 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 3/2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$500.00

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#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled None trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None 

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER Jared Johnson

DESCRIPTION AND VALUE OF PROPERTY Debtor drives a 1999 Cadillac Escalade. The Debtor's Residence Escalade is in Debtor's non-filing spouse's name. Debtor is in the process of a divorce, and Debtor is currently separated from her spouse.

LOCATION OF PROPERTY

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#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS GOVERNMENTAL UNIT LAW

NOTICE

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six vears immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND

**ENDING DATES** 

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

# NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date March 24, 2015 Signature /s/ Jennifer J. Johnson
Jennifer J. Johnson
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

# United States Bankruptcy Court Northern District of Illinois

| In re Jennifer J. Johnson   |   |  | Case No.                               |  |
|---|---|--|--|--|
|   |   | Debtor(s)                              | Chapter                                | 7  |
| СНАРТ   | ER 7 INDIVIDUAL DEBTO   | OR'S STATEM                            | ENT OF INTEN                           | TION   |
|   | roperty of the estate. (Part A r<br>Attach additional pages if ne |  | npleted for <b>EACI</b>                | <b>I</b> debt which is secured by                              |
| Property No. 1  |   |  |  |  |
| Creditor's Name:<br>Seterus Inc.  |   | 1/2 interest in I                      |  | :<br>y Street, Rockford IL 61109<br>nt with Non-filing Spouse) |
| Property will be (check one):   |   | <u> </u>                               |  |  |
| ■ Surrendered   | ☐ Retained  |  |  |  |
| If retaining the property, I intend  ☐ Redeem the property  ☐ Reaffirm the debt  ☐ Other. Explain |   | oid lien using 11                      | U.S.C. § 522(f)).                      |  |
| Property is (check one):  |   |  |  |  |
| ■ Claimed as Exempt   |   | ☐ Not claimed                          | as exempt                              |  |
| PART B - Personal property subj<br>Attach additional pages if necessa                             |   | e columns of Part                      | B must be complete                     | ed for each unexpired lease.                                   |
| Property No. 1  |   |  |  |  |
| Lessor's Name:<br>-NONE-  | Describe Leased Pr  | operty:                                | Lease will be<br>U.S.C. § 365<br>□ YES | e Assumed pursuant to 11 (p)(2):                               |
| I declare under penalty of perju<br>personal property subject to an<br>Date <u>March 24, 2015</u> | unexpired lease.  | intention as to a /s/ Jennifer J. John | ohnson                                 | estate securing a debt and/or                                  |
|   |   | Debtor                                 |  |  |

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# United States Bankruptcy Court Northern District of Illinois

| In 1 | re <b>Jennifer J. J</b> e   | ohnso                                     | on   |  |   | Case   | e No.                  |                     |                   |
|------|---|---|--|--|---|--|------------------------|---------------------|-------------------|
|      |   |   |  |  | Debtor(s)   | Cha  |                        | 7                   |                   |
|      | DI  | SCL                                       | OSURE OF (   | COMPENSAT  | TION OF ATT   | ORNEY FO   | R DI                   | EBTOR(S)            |                   |
| 1.   | paid to me within o   | ne yea                                    | r before the filing  | otcy Rule 2016(b), I of the petition in bar<br>or in connection with   | nkruptcy, or agreed   | to be paid to me, fo   |                        |                     |                   |
|      | For legal servi   | ces, I l                                  | nave agreed to acce  | ept  |   | \$   |                        | 500.00              |                   |
|      | Prior to the fil  | ing of                                    | this statement I hav   | ve received  |   | \$ <u></u>   |                        | 500.00              |                   |
|      | Balance Due   |   |  |  |   |  |                        | 0.00                |                   |
| 2.   | The source of the c   | ompen                                     | sation paid to me v  | was:   |   |  |                        |                     |                   |
|      | Debtor  |   | Other (specify):   |  |   |  |                        |                     |                   |
| 3.   | The source of comp  | ensati                                    | on to be paid to me  | e is:  |   |  |                        |                     |                   |
|      | Debtor  |   | Other (specify):   |  |   |  |                        |                     |                   |
| 4.   | ■ I have not agre   | ed to s                                   | hare the above-disc  | closed compensation  | n with any other pers   | son unless they are  | e mem                  | bers and associate  | s of my law firm. |
|      |   |   |  | ed compensation wi<br>ist of the names of the  |   |  |                        |                     | ıy law firm. A    |
| 5.   | In return for the ab  | ove-di                                    | sclosed fee, I have  | agreed to render leg   | gal service for all asp   | pects of the bankru  | iptcy c                | ase, including:     |                   |
|      | <ul> <li>b. Preparation and</li> <li>c. Representation</li> <li>d. [Other provision</li> <li>Negotiat</li> <li>reaffirma</li> </ul> | filing of the one of as no ions vertion a | of any petition, sch<br>debtor at the meetin<br>eeded]<br>with secured cre<br>agreements and | on, and rendering addition, and rendering additions and conditions and conditions are in the second applications as it is on household | of affairs and plan when the confirmation hearing to market value; needed; preparat | hich may be requir<br>g, and any adjourned<br>exemption plan | ed;<br>ed hea<br>ning; | rings thereof;      | nd filing of      |
| 6.   | Represe   | ntatio                                    |  | disclosed fee does n<br>s in any discharge<br>ng.  |   |  | idanc                  | es, relief from s   | tay actions or    |
|      |   |   |  | CER  | TIFICATION  |  |                        |                     |                   |
| this | I certify that the for bankruptcy proceed   |   | g is a complete state  | tement of any agreer   | nent or arrangement   | t for payment to me  | e for r                | epresentation of th | ne debtor(s) in   |
| Date | ed: <b>March 24, 2</b> (  | )15                                       |  |  | /s/ Daniel A. S   | pringer  |                        |                     |                   |
|      |   | _   |  |  | Daniel A. Spri  | nger   |                        |                     |                   |
|      |   |   |  |  | Springer Law<br>2222 E State S  |  |                        |                     |                   |
|      |   |   |  |  | Suite 107   |  |                        |                     |                   |
|      |   |   |  |  | Rockford, IL 6<br>815.312.4725  | 1104   |                        |                     |                   |
|      |   |   |  |  | dspringerlaw@   | @gmail.com   |                        |                     |                   |

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Springer Law Firm

2222 East State St. # A-104A, Rockford, IL

815.312.4275

# **CHAPTER 7 RETAINER AGREEMENT**

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not
  include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law
  Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide
  information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement.
- I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 8. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 9. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 3-23-15

Signature:

Print Name: <u>Spoot-Sec John Sor</u>

Attorney Signature

Attorney Print:

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court Northern District of Illinois**

|        | Northern   | <b>District of Illinois</b>           |                        |                            |
|--------|--|---------------------------------------|------------------------|----------------------------|
| In re  | Jennifer J. Johnson  |                                       | Case No.               |                            |
|        |  | Debtor(s)                             | Chapter 7              |                            |
|        | CERTIFICATION OF NOT UNDER § 342(b) OF                           |                                       | `                      | ()                         |
| Code.  | Certific I (We), the debtor(s), affirm that I (we) have received | ation of Debtor and read the attached | notice, as required by | § 342(b) of the Bankruptcy |
| Jennii | fer J. Johnson   | ${ m X}$ /s/ Jennifer J               | l. Johnson             | March 24, 2015             |
| Printe | d Name(s) of Debtor(s)   | Signature of l                        | Debtor                 | Date                       |
| Case N | No. (if known)   | X                                     |                        |                            |
|        |  | Signature of J                        | Joint Debtor (if any)  | Date                       |
|        |  |                                       |                        |                            |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# United States Bankruptcy Court Northern District of Illinois

|       |  | Northern District of Illinois                                     |               |                           |
|-------|--|---|---------------|---------------------------|
| In re | Jennifer J. Johnson                        |   | Case No.      |                           |
|       |  | Debtor(s)   | Chapter       | 7                         |
|       | VE   | CRIFICATION OF CREDITOR MA  | TRIX          |                           |
|       |  | Number of Co  | reditors: _   | 21                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                         | s is true and | correct to the best of my |
| Date: | March 24, 2015                             | /s/ Jennifer J. Johnson  Jennifer J. Johnson  Signature of Debtor |               |                           |

Allied Business Accounts 300 1/2 South 2nd Street Clinton, IA 52732

Ambit Energy PO Box 864589 Plano, TX 75086

Capital One Bank PO Box 30281 Salt Lake City, UT 84130

Chase Po Box 15298 Wilmington, DE 19850

Comenity Bank/Gordmans PO Box 182789 Columbus, OH 43218

Comenity Bank/Victorias Secret PO Box 182789 Columbus, OH 43218

Credit Protection Association 13355 Noel Road Sout Dallas, TX 75240

Dell Financial Services PO Box 81607 Austin, TX 78708

Discover Financial Services PO Box 15316 Wilmington, DE 19850

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Jared Johnson 3017 Lapey Street Rockford, IL 61109

Kohls/Capital One PO Box 3115 Milwaukee, WI 53201

RMH Pathologists Ltd. c/o Professional Billing 6785 Weaver Road, Suite D Rockford, IL 61114

Rockford Health Physicians Attn Bankruptcy Dept. Department 4701 Carol Stream, IL 60122-4701

Rockford Health System 2400 N. Rockton Avenue Rockford, IL 61103

Seterus Inc. 14523 SW Millikan, Suite 200 Beaverton, OR 97005

Syncb/Care Credit PO Box 965036 Orlando, FL 32896

Syncb/Walmart PO Box 965024 Orlando, FL 32896

TransUnion 555 West Adams Street Chicago, IL 60661

US Dept. of Education/GLESLI 2401 International PO Box 7859 Madison, WI 53704